

Greystone House Residential Care Home Limited

Greystone House

Residential Care Home

Inspection report

319 Blackwell Road
Carlisle
Cumbria
CA2 4RS

Date of inspection visit:
17 December 2015

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25 February 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 17 December 2015. We last inspected Greystone House in November 2013. At that inspection we found the service was meeting the five regulations that we assessed.

Greystone house is a family run residential home for people with mental health difficulties. The home is near to shops and other amenities with good public transport links to the town centre.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service carried out risk assessments in order to keep the people who used the service safe during times of crisis.

Some areas of the home required refurbishment and were difficult to keep clean. We made a recommendation about this.

The service had sufficient appropriately recruited staff available to support people.

As part of their recruitment process the service carried out appropriate background checks on new staff.

Staff were aware of how to identify and report abuse.

All staff received regular supervision and appraisal.

People who needed support with nutrition and hydration received it but were supported to make their own choices around food.

People told us that staff were caring and treated them with dignity and respect.

There was a quality assurance system in place at the service.

The registered manager was aware of the changing needs of people who used the service and had plans in place to continue to support them appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Some areas of the home were in need of refurbishment. We made a recommendation about this.

There were sufficient staff to provide support to people.

Staff were aware of how to identify and report abuse.

Is the service effective?

Good ●

The service was effective.

Staff had completed their mandatory training.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition where necessary.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of

ways including formally via a complaints process.

People were supported to access the local community in a variety of ways.

Is the service well-led?

Good ●

The service was well led.

The registered manager was aware of the changing needs of people who used the service.

Staff told us they felt supported by their manager.

There was a quality assurance system in use.

Greystone House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 December and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with eight of the people who used the service. We also spoke with six staff including the registered manager and the deputy manager.

We looked at four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Greystone House. One person told us, "Yes I do." Another added, "Of course."

We looked at how the home managed cleanliness and hygiene. We found that the home was clean and odour free. A cleaner was employed to ensure that this was always the case. However we noted that some parts of the home, particularly the kitchen and the laundry were in need of refurbishment as some surfaces and cupboards were worn and in a state of disrepair.

We recommended that the service redecorated and re-fitted areas of the home that presented a potential risk to good infection control.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example people had plans in place that outlined what to do if their mental health deteriorated. This included increased monitoring, contacting the local community mental health team and offering people additional prescribed medication.

During our inspection we spoke with staff about staffing levels. We saw that there was a minimum of two members of staff on at all times. We looked at people's care needs and saw that this was sufficient to support people if no crisis occurred.

We spoke with the registered manager and her deputy and asked how they ensured there were sufficient staff to meet people's needs in times of crisis or when people required additional support. They explained that staffing levels were based on people's needs and if those needs changed staffing levels could be increased. They went on to explain that they both lived locally and were able to come into the home at short notice.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. We saw staff records that confirmed this.

We looked at how the service managed medicines. We saw that there were systems in place to ensure that medicines were stored safely, ordered correctly and disposed of properly. The service was aware of the

different levels of support that people required and their medicine support plans correctly reflected this.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person said, "Aye, they look after us." Another pointed to a member of staff and said, "She knows what she is doing."

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by the registered manager and her deputy.

We looked at staff training records. We saw staff had completed their mandatory training and had attended additional courses.

We looked at supervision and appraisal records for staff. We saw that the registered manager and her deputy were ensuring that supervision and appraisal were carried out as per their policy.

We examined how the service supported people to make their own decisions. Many of the people we spoke with lived as independently as possible. We saw that the service encouraged people to make their own decisions whilst supporting them to remain safe. For example one person enjoyed going to the local shop and did so regularly but required some assistance in crossing the road.

We spoke with people who used the service and asked if they were satisfied with the nutritional support they received. People told us, "It is good food, they have two cooks." And, "It's delicious"

We looked at how staff supported people to take adequate nutrition and hydration. The service regularly monitored people's weights to ensure they were not at risk of malnutrition. We found that some people were overweight and asked the deputy manager what was being done to support these people. The deputy manager explained correctly that it was people's own choice as to what they ate. She went on to tell us that people were always offered healthy options and staff spent time with people encouraging them to eat healthy foods.

We saw from the written records that the service regularly involved other health and social care professionals in people's care. This included members of the local community mental health team as well as GP's.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one who used the service had their liberty restricted under the MCA.

Is the service caring?

Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One person told us, "It is like being with your family." Another person who used the service said, "The care is brilliant."

We observed staff supporting people in a kind and caring way. Staff told us they knew the people who used the service well and worked hard to build positive caring relationships with them.

The service ensured that people treated Greystone House as their home. People's rooms were decorated to their liking and contained their personal items. One person had asked if they could have a pet cat. The staff had made arrangements for this. The person told us that they were very grateful that their pet had been welcomed into the home.

We saw that people were encouraged to express their views about their care. Staff used this information to ensure that people were supported in a manner of their choosing.

The service ensured that people lived as independently as possible. People were encouraged to do things for themselves and their support plans reflected this.

People told us that staff respected their rights to privacy and dignity. We observed staff ensuring that they knocked on people's doors before entering and spoke with people in a respectful manner.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. These policies were linked with staff training. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

Is the service responsive?

Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about anything at Greystone House. One person said, "I would tell the manager if I had a problem."

We observed people approaching the registered manager, the deputy manager and the staff throughout the day. All of the staff acted quickly to resolve issues that arose and people appeared satisfied by this.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life.

We looked at the standard of care plans in the service. We found that they were subject to a review by the registered manager and their deputy who were both keen to ensure that they were all clear and straightforward. Staff had written daily notes that corresponded with people's plans of care.

People who used the service had access to their care plans. Reviews of care plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews.

Is the service well-led?

Our findings

When we spoke with people who used the service they did not raise any issues as to how the service was led.

We found evidence to indicate that the registered manager was assessing the service and ensuring that it met the needs of the people who lived in the home. We noted that they were working alongside staff on a regular basis which gave them first-hand experience as to how their staff worked with people.

We spoke with the registered manager of the service and asked about the future of the home. The registered manager acknowledged that the needs of the people who used the service were changing as they aged. She was clear that the service was prepared for this and was accessing additional training for her staff around care of people who lived with dementia. She told us, "We want to keep up what we are doing and continue to deliver high quality care."

The deputy manager told us they enjoyed working with the registered manager and were confident that staff were receiving good leadership and support. We saw there was a clear management structure in place for this service.

We saw evidence that people who used the service were regularly engaged with to determine if they were satisfied with the service. The registered manager showed us minutes of residential meetings and was able to demonstrate she had made changes based on the feedback she had received. This included changes to the menu and decisions on how to spend social funds.

Audits and checks were undertaken regularly. These included paperwork audits, training audit and spot checks on the staff's performance. The outcomes of audits were analysed by the registered manager of the service who then used them to improve the way the service was run.